

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	7		
<b>O.I.P.E. CLASSIFIER</b>		59	10/19/1
<b>FORMALITY REVIEW</b>	7	912	10/23/02
<b>RESPONSE FORMALITY REVIEW</b>	MFA	830	01.24.02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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S65  
1/24/02530  
12/23/01If more than 150 claims or 10 actions  
staple additional sheet here

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